
State: District of Columbia **First Filing Company:** American Zurich Insurance Company, ...
TOI/Sub-TOI: 16.0 Workers Compensation/16.0004 Standard WC
Product Name: 2016 Zurich Workers Comp Blanket Notification of Cancellation Form Filing
Project Name/Number: 2016 Zurich Workers Comp Blanket Notification of Cancellation Form Filing/39743

Filing at a Glance

Companies: American Zurich Insurance Company
American Guarantee and Liability Insurance Company
Zurich American Insurance Company of Illinois
Zurich American Insurance Company

Product Name: 2016 Zurich Workers Comp Blanket Notification of Cancellation Form Filing

State: District of Columbia

TOI: 16.0 Workers Compensation

Sub-TOI: 16.0004 Standard WC

Filing Type: Form

Date Submitted: 11/17/2016

SERFF Tr Num: ZURC-130803161

SERFF Status: Assigned

State Tr Num:

State Status:

Co Tr Num: 39743

Effective Date: 12/01/2016

Requested (New):

Effective Date: 12/01/2016

Requested (Renewal):

Author(s): Terrence Stewart

Reviewer(s): John Rielley (primary)

Disposition Date:

Disposition Status:

Effective Date (New):

Effective Date (Renewal):

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General Information

Project Name: 2016 Zurich Workers Comp Blanket Notification Status of Filing in Domicile:
of Cancellation Form Filing

Project Number: 39743

Domicile Status Comments:

Reference Organization:

Reference Number:

Reference Title:

Advisory Org. Circular:

Filing Status Changed: 11/17/2016

State Status Changed:

Deemer Date:

Created By: Terrence Stewart

Submitted By: Terrence Stewart

Corresponding Filing Tracking Number:

Filing Description:

We are filing an endorsement that attaches to the Workers Compensation And Employers Liability Insurance Policy.

U-WC-100-A CW (10/16) Notification To Others Of Cancellation

This endorsement provides for giving e-mail notice to certificate holders in the event of the cancellation of the policy for reasons other than the non-payment of premium. Such notice is given to the persons or organizations listed on a schedule that is provided to us by the insured. The schedule may be updated during the policy period at any time by the insured. This method of notice is only to be used for notice to certificate holders. Any and all other notice of cancellation provisions in the policy that are applicable to anyone else (e.g. named insureds, additional insureds etc.) still apply.

Company and Contact

Filing Contact Information

Terrence Stewart, Filing Analyst

terrence.stewart@zurichna.com

1299 Zurich Way

847-413-5927 [Phone]

Schaumburg, IL 60196

847-240-4514 [FAX]

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Filing Company Information

American Zurich Insurance
Company
1299 Zurich Way
Schaumburg, IL 60196
(847) 605-6000 ext. [Phone]

CoCode: 40142
Group Code: 212
Group Name:
FEIN Number: 36-3141762

State of Domicile: Illinois
Company Type:
State ID Number:

American Guarantee and Liability
Insurance Company
1299 Zurich Way
Schaumburg, IL 60196
(847) 605-6000 ext. [Phone]

CoCode: 26247
Group Code: 212
Group Name:
FEIN Number: 36-6071400

State of Domicile: New York
Company Type:
State ID Number:

Zurich American Insurance
Company of Illinois
1299 Zurich Way
Schaumburg, IL 60196
(847) 605-6000 ext. [Phone]

CoCode: 27855
Group Code: 212
Group Name:
FEIN Number: 36-2781080

State of Domicile: Illinois
Company Type:
State ID Number:

Zurich American Insurance
Company
1299 Zurich Way
Schaumburg, IL 60196
(847) 605-6000 ext. [Phone]

CoCode: 16535
Group Code: 212
Group Name:
FEIN Number: 36-4233459

State of Domicile: New York
Company Type:
State ID Number:

Filing Fees

Fee Required? No
Retaliatory? No
Fee Explanation:

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Form Schedule

Item No.	Schedule Item Status	Form Name	Form Number	Edition Date	Form Type	Form Action	Action Specific Data	Readability Score	Attachments
1		Notification To Others Of Cancellation	U-WC-100-A CW	10 16	END	New		0.000	U-WC-100-A CW 1016 Notif To Others Of Canc.pdf

Form Type Legend:

ABE	Application/Binder/Enrollment	ADV	Advertising
BND	Bond	CER	Certificate
CNR	Canc/NonRen Notice	DEC	Declarations/Schedule
DSC	Disclosure/Notice	END	Endorsement/Amendment/Conditions
ERS	Election/Rejection/Supplemental Applications	OTH	Other

NOTIFICATION TO OTHERS OF CANCELLATION ENDORSEMENT

This endorsement is used to add the following to Part Six of the policy.

PART SIX – CONDITIONS**F. Notification To Others Of Cancellation**

1. If we cancel this policy by written notice to you for any reason other than nonpayment of premium, we will deliver electronic notification to each person or organization shown in a Schedule provided to us by you. Such Schedule:
 - a. Must be initially provided to us within 15 days:
After the beginning of the policy period shown in the Declarations; or
After this endorsement has been added to policy;
 - b. Must contain the names and e-mail addresses of only the persons or organizations requiring notification that this policy has been cancelled;
 - c. Must be in an electronic format that is acceptable to us; and
 - d. Must be accurate.Such Schedule may be updated and provided to us by you during the policy period. Such updated Schedule must comply with Paragraphs **b.**, **c.** and **d.** above.
2. Our delivery of the electronic notification as described in Paragraph **1.** of this endorsement will be based on the most recent Schedule in our records as of the date the notice of cancellation is mailed or delivered to you. Delivery of the notification as described in Paragraph **1.** of this endorsement will be completed as soon as practicable after the effective date of cancellation to you.
3. Proof of e-mailing the electronic notification will be sufficient proof that we have complied with Paragraphs **1.** and **2.** of this endorsement.
4. Our delivery of electronic notification described in Paragraphs **1.** and **2.** of this endorsement is intended as a courtesy only. Our failure to provide such delivery of electronic notification will not:
 - a. Extend the policy cancellation date;
 - b. Negate the cancellation; or
 - c. Provide any additional insurance that would not have been provided in the absence of this endorsement.
5. We are not responsible for the accuracy, integrity, timeliness and validity of information contained in the Schedule provided to us as described in Paragraphs **1.** and **2.** of this endorsement.

All other terms and conditions of this policy remain unchanged.

This endorsement changes the policy to which it is attached and is effective on the date issued unless otherwise stated.

(The information below is required only when this endorsement is issued subsequent to preparation of the policy.)

Endorsement Effective
Insured

Policy No.

Endorsement No.
Premium \$

Insurance Company

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Supporting Document Schedules

Satisfied - Item:	Readability Certificate
Comments:	
Attachment(s):	CW Certificate of Readability - Officer.pdf
Item Status:	
Status Date:	

Bypassed - Item:	Consulting Authorization
Bypass Reason:	N/A
Attachment(s):	
Item Status:	
Status Date:	

Bypassed - Item:	Copy of Trust Agreement
Bypass Reason:	N/A
Attachment(s):	
Item Status:	
Status Date:	

Bypassed - Item:	Expedited SERFF Filing Transmittal Form
Bypass Reason:	N/A
Attachment(s):	
Item Status:	
Status Date:	



Certificate of Readability

I have reviewed or supervised the preparation of the attached policy forms. I hereby certify that to the best of my knowledge, information, and belief, these policy forms comply with the minimum readability standards required by your State Insurance Code.

The policy form listed below has achieved the following Flesch Score using the Flesch Reading Ease software published by Micro Power & Light Co.:

Form Number	Title	Flesch Score
U-WC-100-A CW 1016	Notif To Others Of Canc	47

Signature: Eileen M. Maloney

Officer: Eileen Maloney

Title: Vice President

Date: 11/17/2016